



**HUMAN RESOURCES OFFICE
TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION**

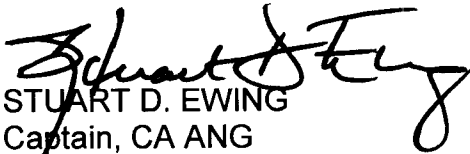
Number: 06-46

4 Nov 2006

**Proactive Prevention and Barrier Elimination of Equal Employment Opportunity
Discrimination**

1. The California National Guard must ensure that all personnel actions are "made free" of any discrimination based on race, color, religion, gender, or national origin. Section 717 of Title VII requires all federal agencies to take proactive steps to ensure equal employment opportunity for federal employees and applicants for employment.
2. In an effort to work proactively to prevent potential discrimination before it occurs and establish practices to identify barriers to equality of opportunity for all individuals, it is essential to collect statistical data regarding race, national origin and gender for both the permanent and temporary workforce. This "snapshot" will serve as a diagnostic tool to help the agency determine possible areas where barriers may exist and may require closer attention.
3. Please take a few minutes to complete the enclosed Standard Form 181, Ethnicity and Race Identification, and return it to the Directorate for Human Resources, ATTN: EEO (Box 37), 9800 Goethe Road, Sacramento, CA 95826 by close of business 30 November 2006. This self-identification is voluntary and will be kept confidential.
4. If you have any questions, please contact Mr. Leo LeCompte, Equal Employment Manager at (916) 854-3646, CAGNET 63646, or DSN 466-3646

Encl
as


STUART D. EWING
Captain, CA ANG
Deputy, Human Resources Officer

DISTRIBUTION:

Air: TA
Army: TA

| | | | |
|--|--|---|----------------------------|
| U.S. Office of Personnel Management Guide to Personnel Data Standards | | ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and instructions before completing form.) | |
| Name (Last, First, Middle Initial) | | Social Security Number | Birthdate (Month and Year) |
| Agency Use Only | | | |
| Privacy Act Statement Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation. This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it. | | | |
| Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2. | | | |
| Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply. | | | |
| RACIAL CATEGORY (Check as many as apply) | | DEFINITION OF CATEGORY | |
| <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. A person having origins in any of the black racial groups of Africa. | |
| GENDER CATEGORY (Check that apply) | | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. | |

Standard Form 181
Revised August 2005
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446